

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Peter F. King

Atty. Docket No.: UWP1P026/UP-1091

Application No.: 09/559,230

Examiner: ZAND, KAMBIZ

Filed: April 26, 2000

Group: 2132

Title: METHOD AND SYSTEM FOR  
EXCHANGING SENSITIVE INFORMATION  
IN A WIRELESS COMMUNICATION  
SYSTEM

Confirmation No.: 1263

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AUG 05 2005

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted by  
facsimile to fax number 571-273-8300 of the U.S. Patent and  
Trademark Office on August 5, 2005.

Signed:

*Susan W. Xu*  
Susan W. Xu

**AMENDMENT C**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated April 5, 2005, please amend the above-  
identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begin on  
page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.

08/18/2005 KWATSON 00000003 500388 09559230

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# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/559230

## CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE	36	16
TOTAL CLAIMS	36 minus 20 =	16
INDEPENDENT CLAIMS	7 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	40	36	4
Independent	7	7	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

1/3/05

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	40	40	0
Independent	8	7	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

8/5/05

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	40	40	0
Independent	6	8	2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
X\$ 9=	345.00	OR	X\$18=	690.00
X39=		OR	X78=	288
+130=		OR	+260=	312
TOTAL		OR	TOTAL	129.00

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	72
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	22.00

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	50
X39=		OR	X78=	200
+130=		OR	+260=	
TOTAL		OR	TOTAL	250

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	